BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINE

OFF-LABEL USE OF NON-CANCER MEDICATIONS

This Pharmacy Coverage Guideline (PCG):
- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively "Service") is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider's judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member's benefit plan; and
- Is subject to change as new information becomes available.

Scope
- This PCG applies to Commercial and Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

Instructions & Guidance
- To determine whether a member is eligible for the Service, read the entire PCG.
- This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
- Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
- The "Criteria" section outlines the factors and information we use to decide if the Service is medically necessary as defined in the Member's benefit plan.
- The "Description" section describes the Service.
- The "Definition" section defines certain words, terms or items within the policy and may include tables and charts.
- The "Resources" section lists the information and materials we considered in developing this PCG
- **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**
- Information about medications that require prior authorization is available at www.azblue.com/pharmacy. You must fully complete the request form and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to Pharmacyprecert@azblue.com.

Criteria:

- **Criteria for initial therapy:** An exception request for **Off-Label Use of a *non-cancer* medication** may be considered ***medically necessary*** and will be approved when **ALL** the following criteria are met:

  1. The drug has been approved by the FDA for at least **ONE** other indication
  2. Age of the individual is consistent with manufacturer recommendations or FDA approved labeling
  3. Dose is consistent with manufacturer recommendations or FDA approved labeling
  4. Provider submits a diagnosis and treatment plan that includes the rationale for the exception for off-label use

5. Individual has documented failure, contraindication per FDA label, intolerance, or is not a candidate for **AT LEAST TWO OR MORE** other FDA-approved medications that are on the formulary

6. Evidence that supports the off-label use is recognized as safe and effective and is supported by **ONE** of the nationally recognized compendia, guidelines, or literature:
    a. American Hospital Formulary Service Clinical Drug Information with narrative text of "supportive"
    b. IBM Micromedex DrugDex compendium that meet **ALL** of the following:
        i. Strength of Recommendation of Class I or IIa or IIb
        ii. Strength of Evidence Category A or B
        iii. Strength of Efficacy Class I or IIa (evidence favors efficacy)
    c. Elsevier Gold Standard's Clinical Pharmacology compendium with narrative text of "supportive"
    d. Wolters Kluwer Lexi-Drugs with use listed as "off-label, evidence level A"
    e. Other authoritative reference as identified by the Secretary of the United States Department of Human Health Services
    f. At least **TWO** articles from major peer reviewed professional medical journals that have recognized, based on scientific or medical criteria, the safety and effectiveness for the exception

7. Individual has failure after adequate trial, contraindication per FDA label, intolerance or is not a candidate for a **generic equivalent if available** [Failure, contraindication or intolerance to the generic should be reported to the FDA] (see Definitions section)

8. There are no FDA-label contraindications for use of the requested drug

9. Individual does not have significant exclusions to use of the requested drug as outlined in product label (e.g., medical conditions, warnings or precaution for kidney dysfunction, hepatic dysfunction, other, etc.)

10. There are no significant interacting drugs

11. There are no benefit or contract exclusions that apply

Initial approval duration: 6 months

- **Criteria for continuation of coverage (renewal request): Off-Label Use of a non-cancer medication** is considered ***medically necessary*** and will be approved when **ALL** the following criteria are met **(samples are not considered for continuation of therapy)**:

1. Individual's condition has responded while on therapy with response defined as the following:
    a. No evidence of disease progression
    b. Documented evidence of efficacy, disease stability and/or improvement

2. Individual has been adherent with the medication

3. Individual has failure after adequate trial, contraindication per FDA label, intolerance or is not a candidate for a **generic equivalent if available** [Failure, contraindication or intolerance to the generic should be reported to the FDA] (see Definitions section)

4. Individual has not developed any contraindications or other significant adverse drug effects that may exclude continued use

5. Individual does not have significant exclusions to use of the requested drug as outlined in product label (e.g., medical conditions, warnings or precaution for kidney dysfunction, hepatic dysfunction, other, etc.)

6. There are no significant interacting drugs

7. There are no benefit or contract exclusions that apply

Renewal duration: 12 months

- **Criteria when use is considered experimental or investigational:** The exception request is considered ***experimental or investigational*** when any **one or more** of the following criteria are met:

1. Lack of final approval from the appropriate governmental regulatory bodies (e.g., Food and Drug Administration); or
2. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes; or
3. Insufficient evidence to support improvement of the net health outcome; or
4. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives; or
5. Insufficient evidence to support improvement outside the investigational setting.

These indications include, *but are not limited to*:

- Treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration.

Description:

For FDA approved indication(s), also known as labeled indication(s), the FDA has reviewed and approved the medication for the specified use(s) for marketing based on adequate, well-controlled clinical trials, which have documented safety and effectiveness. The use of an FDA approved medication for conditions, indications or in circumstances other than those approved by the FDA is known as “off-label use” (also referred to as unapproved use or unlabeled use). Unapproved or unlabeled uses include a variety of situations ranging from completely unstudied uses to scientifically investigated uses where the manufacturer has not asked the FDA for formal approval.

Off-label use of medications that have previously received FDA approval for marketing may be reviewed in any of the following ways: for medical necessity and/or investigational uses; during a review of a medication that requires prior authorization; during review of a medication due a non-formulary request for coverage; or during a review for any other prescription limitations.

An approved NDA (New Drug Application), ANDA (Abbreviated New Drug Application), or BLA (Biologic License Application) is considered final FDA-marketing approval for the purposes of this policy.

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In certain instances, scientific evidence may support using a drug to treat a disease even if the drugs FDA approved label does not include those clinical conditions. In these circumstances, a compendia or scientific peer-reviewed literature specific for the indication in question may recommend uses beyond those included in the FDA approved labels. A compendium is a comprehensive listing of FDA approved drugs and biologics. Compendia include a summary of how each drug works in the body, as well as information for health care practitioners about proper dosing and whether the drug is recommended or endorsed for use in treating a specific disease.

Definitions:

U.S. Food and Drug Administration (FDA) MedWatch Forms for FDA Safety Reporting
MedWatch Forms for FDA Safety Reporting | FDA